Headquarters U.S. Air Force

Integrity - Service - Excellence

Medical Operations Panel

U.S. AIR FORCE

FY06-11 POM – OB/GYN Laydown

BACKGROUND:

Funds OB/GYN, aligning resources to optimize health care delivery, manage direct care and network financial risks, and address future shortage of active duty OB/GYN physicians. Program costs reflect personnel (K) and private sector care bill driven by agreed to service realignment (USAFA, Luke, Sheppard, Dover and Spangdahlem).

ADJUSTMENT:

Funds a mix of 26 contract OB/GYN providers (24 MD and 2 nurse midwives) for FY06; 51 midwives) for FY07 to compensate for AD MD attrition rate that is expected to level off by

$M:	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	82.76*	86.07	89.51	93.09	96.81	100.68	104.71	108.89
ADJUSTMENT	0.0	0.0	16.30	23.70	24.65	25.63	26.65	27.71
REV PGM TOTAL	82.76	86.07	105.81	116.79	121.46	126.31	131.36	136.61

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10

MPWR	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV (K)	0	0	26	51	51	51	51	51

IMPACTS:

- **This OB laydown best supports service delivery, with minimal disruption, at the lowest cost**
- **Provides OB services at 18 MTFs (agreed to appropriate level by MAJCOMs/Med Ops Panel)**
  - **-- OCONUS staffed with active duty only**
  - **-- CONUS peer groups 1-4 to have a mix of active duty and contract OB physicians and midwives**
- **Generates $7.7M in contract costs and ~$8.6M in private sector care (PSC) costs in FY06**
- **Generates an additional $6.75M in contract costs in FY07, with no increase in PSC bill**

Col Whit Campbell, SGO, DSN 754-4043

Notional Option (Template)

ADJUSTMENT: Funds a mix of 26 contract OB/GYN providers (24 MD and 2 nurse midwives) in FY06; 51 providers (44 MD and 7 nurse midwives) in FY07.

Funding Lines Total

PE	APPN	COST	Commodity	OAC	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
87700F	0130	592		43	16.30	23.70	24.65	25.63	26.65	27.71

Procurement	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009

Coordination

Panel Chair: Col Whit Campbell
Panel POC: Lt Col Kim May
Program Element Mgr: Maj Rick Rowe

Database Manager: N/A

ZBT Manager: N/A

CMD	MTF (Non-MTF)	FAC	AFSC	POM A Leesburg 1 Tier 1-4 (OBGME/OCONUS/FPGME/CONUS)	POM B "Alternative 1" Tier 1-2 (OBGME/OCONUS)	POM B "Alternative 2" Tiers 1-3 OBGME/OCONUSW/FPGME	POM B "Alternative 3" Pearse Plan (55) (Tier 1-3 blue suit, MH, with midwives)	POM B "Alternative 4" GME with Midwife Staff
acc	Langley	5254	045g3	3/4*	0	0	0	7
			046g3	2	0	0	0	2
acc	Mountain Home	5254	045g3	2	0	0	2	2
			046g3	1*	0	0	1*	1*
acc	Nellis	5254	045g3	5	0	0	0	5
			046g3	2	0	0	0	2
acc	Offutt	5254	045g3	2	0	2	2*	2
aetc	Altus	5254	045g3	0	0	0	0	0
aetc	Keesler	5254	045g3	9	9	9	9*	3/4*/2
aetc	Lackland	5254	045g3	15	15	15	15	5/7*/3
aetc	Luke	5254	045g3	0	0	0	0	0
aetc	Sheppard	5254	045g3	0	0	0	0	0
afmc	Eglin	5254	045g3	8	0	8	7*/1	7*/1
			046g3	1/1RS	0	1/1RS	1/1RS	1/1RS
afmc	Wright Patterson	5254	045g3	8	8	8	8	6/2
afspc	FE Warren	5254	045g3	1	0	0	0	1*
amc	Andrews	5254	045g3	7	0	7	5/2	5/2
			046g3	1	0	1	1	1
amc	Dover	5254	045g3	0	0	0	0	0
amc	Scott	5254	045g3	2	0	2	2	2
			046g3	1	0	1	1	1
amc	Travis	5254	045g3	9	9	9	7/2*/0	2/5*/2
pacaf	Elmendorf	5254	045g3	5	5	5	4/2	4/2
			046g3	1	1	1	1	1
pacaf	Misawa	5254	045g3	3	3	3	2	2
			046g3	1*	1*	1*	1*	1*
pacaf	Yokota	5254	045g3	3	3	3	3	3
			046g3	1	1	1	1	1
usafa	USAF Academy	5254	045g3	0	0	0	0	0
usafe	Aviano	5254	045g3	2	2	2	2	2
usafe	Lakenheath	5254	045g3	5	5	5	4/1	4/1
			046g3	1	1	1	1	1
usafe	Spangdahlem	5254	045g3	0 (With POM A2, 2 contract Obs required at a cost of 0.6M)	0	0	0	0
usafe	Landstuhl		045g3	2	2	2	1/1	1/1
				91	61	80	55/20*K/7	55/24*K/16
				Added 10 blue/2K/1RS	Added 2BS/1K	Added 5/2K/1RS	Added 6/2K/1RS	Added 10/2K/1RS
	FACILITIES			18	10	14	15	18
				11.3M-K	2.1M-K	8.3M-K	4.5M-K	7.7M-K
				8.6M-PSC	51.5M-PSC	25M-PSC	~25M-PSC	~8.6M-PSC

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Aerospace Operations Panel

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DODMERB

DRAFT

BACKGROUND:

Determine medical qualifications of applicants for appointment to United States Service Academy, the Uniformed Services University of the Health Sciences and the ROTC Programs of the United States Armed Forces

ADJUSTMENT:

Increased recruitment requirements and contract restructure to provide additional tests and evaluations

$M:	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	6.5	5.766	5.886	6.008	6.137	6.269	6.405	6.544
ADJUSTMENT	.868	1.854	2.200	2.266	2.334	2.403	2.476	2.550
REV PGM	7.394	7.620	8.085	8.273	8.471	8.673	8.882	9.095
TOTAL								

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
	0	0	0	0	0	0	0	0

MPWR	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
OFF	5	2	5	5	5	5	5	5
ENL	15	15	15	15	15	15	15	15
CIV	24	24	24	24	24	24	24	24
CON	2	2	2	2	2	2	2	2

IMPACTS:

- Upward spiral of unforecasted recruitment efforts by external customers directly increases medical contract costs
- Unit initiative for Medical Contractor to schedule physical exams and additional tests and evaluations will largely increase costs
- $1.5M IT contract projected for FY04 will support our unique IT platform to process all medical data received from applicants
- $1M payroll for civilian employees directly supports the medical officer and enlisted corps
- Fluctuations in Navy/Army requirements (Navy end strength dropping, and Army forecasting an increase)
- Air Force manpower TOA is 3 Officers, 6 Airman, 24 DoD civilians, and 2 contractors—1 officer is a dentist rotating among the Services

CMSgt Jaime Bouchard, DoDMERB, DSN 333-7896
Date: 02/18/04

Health and Wellness Center (HAWC) Contract Requirement

DRAFT

BACKGROUND:

To optimize heath promotion programming by providing evidence-based education/intervention with population-based resourcing. Current HAWC staffing is arbitrary and varies by installation. Staffing requirements for FY06 validated by PLATT and adjusted down to minimum FTE requirements.

ADJUSTMENT:

Outsource HAWC DHP positions CONUS-wide. Approximately $13.6M across the FYDP for the AFMS. Requirements determined by MACOMS during Leesburg I MAPPG Meeting

$M:	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ADJUSTMENT		0.0	5.30	7.10	8.20	8.44	8.69	8.96
REV PGM		0.0	7.5	7.96	8.20	8.44	8.69	8.96
TOTAL								

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
Widgets	0	0	0	0	0	0	0	0

MPWR	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0
CON	0	0	80	107	123	123	123	123

IMPACTS:

IPL: N MAPPG: Y

-REQUIREMENT: Supports DoDD 1010.10 , DoDI 1010.15, DoDI 1308.3 and AFI 10-248

-Maintains HP at current services

-Fills need for health educator skill-set; no ‘blue suit’ equivalent/often filled as career broadening assignment

-Nutrition support provided by Registered Dietitian across AFMS; expertise bought for ~ same as AD technician

-Establishes continuity for programming/community and eliminates military unique details/exercises/formations

-No UTC requirements for HAWC personnel; offset for other Aerospace Operations

Maj Lisa Schmidt, SGPP, DSN: 297-0187

DRAFT

Health and Wellness Center (HAWC) Contract Requirement

ADJUSTMENT: Outsource HAWC DHP positions CONUS-wide. Approximately $13.6M across the FYDP for the AFMS. Requirements determined by MACOMS during Leesburg I MAPPG Meeting

Funding Lines Total					$7.5	7.96	8.20	8.44	8.69	8.96

PE	APPN	COST	Commodity	OAC	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
87715F	0130	592	MISC Contract	47		7.5	7.96	8.20	8.44	8.69 8.96

Procurement	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011

Coordination

Panel Chair:Col Fisher, AFMSA/SGP
Panel POC:Maj Franke, AFMSA/SGP DSN 297-4192
IPT Chief:
Program Element Mtr:
HQ/SGMP

Database Manager: Maj Carter
HQ/SGMP ZBT Manager: Maj Carter

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Medical Support Panel

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Medical Management (MM)

- **Assumptions**
  - **MM min req per DODI = Case Management (CM), Utilization Management (UM), Discharge Planning (DP), MM Coordinator**
  - **MM staff requires specialized skills to perform function**
  - **Costs: Current MCSC level of effort (LOE); No LOE at 6 CONUS MTFs**
    - **= $24.6M (based on MTF self-reported data)**
  - **Variation in industry staffing standards**
    - **CM 1:5,000-10,000 (IGCE, 2002; Sedjak,1998)**
    - **UM standard 1: 6,000-8,000 (FCG Study 2003)**
  - **MM proposal based on resource constraints; not requirement driven**
  - **1 FTE salary/$99.3K flat rate (includes inflation/contractor overhead)**
  - **CM ROI per $1.00 spent: literature = $2.25; Eglin AFB = $7.00**

Medical Management: Block IA

- **Description of Block IA**
  - **1 UM/MTF, 1 CM/15,000 enrollees, 1 DP/25+ beds**
- **Capabilities Delivered in Block IA**
  - **Staff will do catastrophic CM only, limited DP/UM**
  - **$4.1M CM bill drives potential savings of $9M (direct/private sector care cost avoidance)**
- **Risks Associated with Block IA**
  - **Medium/High; Drives increased DC & PSC costs**
  - **Loss of momentum from Prime/Specialty recapture & TPC**
  - **Higher caseloads may negatively impact outcomes**

Figures in $000's

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block IA	11,415	12,054	12,729	13,442	14,195	14,990
Delta	-11,415	-12,054	-12,729	-13,442	-14,195	-14,990

Medical Management: Block IB

- **Description of Block IB**
  - **Same as Block 1A except adds 6 CONUS MTFs not captured under current LOE**

Figures in $000's

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block IB	13,003	13,731	14,500	15,312	16,170	17,075
Delta	-13,003	-13,731	-14,500	-15,312	-16,170	-17,075

Medical Management – Block IIA

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- **Description of Block IIA**
  - **1 UM/MTF (+ 1 per 20,000), 1 CM/10,000 enrolled, 1 DP/25 beds**
- **Capabilities Delivered in Block IIA**
  - **CM, DP, precert, UR, 3rd party collection, appeals**
  - **$7.5M CM bill drives potential savings of $17M (direct/private sector care cost avoidance)**
- **Risks Associated with Block IIA**
  - **Medium. 50% of MTFs with inpt beds get no DP**
  - **Meets JCAHO/ASD (HA) requirements**

Figures in $000's

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Blk IIA	16,477	17,400	18,374	19,403	20,490	21,637
Delta	-16,477	-17,400	-18,374	-19,403	-20,490	-21,637

Medical Management – Block IIB

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- **Description of Block IIB**
  - **Same as Block IIA except adds 6 CONUS MTFs not captured under current LOE**

Figures in $000's

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block II	18,959	20,021	21,142	22,326	23,576	24,896
Delta	-18,959	-20,021	-21,142	-22,326	-23,576	-24,896

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Medical Management – Block Summary

Figures in $000's

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block IA	11,415	12,054	12,729	13,442	14,195	14,990
Cost of Block IB	13,003	13,731	14,500	15,312	16,170	17,075
Cost of Block IIA	16,477	17,400	18,374	19,403	20,490	21,637
Cost of Block IIB	18,959	20,021	21,142	22,326	23,576	24,896

T-Nex LSC Appointing

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- **Assumptions**
  - **Replace appointing services Level of Effort (LOE) provided by Health Services Support Contract (HSSC) to MTFs in Regions 1, 2, 4, 5, 7, 8, and 11 (originally 29 MTFs)**
    - **After LOE scrub, 25 MTFs with LOE = 1.253M appointment transactions over 1 year period (July 02-June03)**
  - **Requirements include FTEs, office equipment, supplies, space for each FTE; no telephony costs or construction costs for MTF space modifications**
  - **20 MTFs have prepared task orders against the National Patient Appointing Services (PAS) contract; Award 12 March 04**

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Appointing Requirements Methodology

- **Methodology based on independent study by First Consulting Group: "Industry best practices"**
  - **AFMS model validated by 4 MTFs**
  - **With upgraded telephony systems, appointing agents do not have to sit together to have a "centralized call center"**
  - **Call center staffing based on number of calls per agent per day**

30 appoints/day: 0.5 FTE
30-65 appoints/day: 1 FTE
65-130 appoints/day: 2 FTE
30-195 appoints/day: 3 FTE
195-261 appoints/day: 4 FTE
261-326 appoints/day: 5 FTE
326-390 appoints/day: 6 FTE
390-650 appoints/day: 7 FTE

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Appointing Risks

- True cost of task orders unknown until PAS awarded
- Service Gap Risk: if contract award is protested:
  - Shortened transition time
  - Appointing services assumed by MTF until contractor in place
  - MTFs preparing contingency plans—cost unknown

T-Nex Appointing – Block I

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- **Description of Block I**
  - **Replace HSSC LOE to 25 MTFs= LOE times $3/appointment**
- **Capabilities Delivered in Block I**
  - **Appointing agents, supplies, office equipment**
- **Risks Associated with Block I**
  - **MTF absorbs LOE; if ↓ in service level, pt frustration → impaired access, risk loss of enrollees to network**

Figures in $Ms

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block I	4.25	4.49	4.54	4.60	4.66	4.71
Delta	-4.25	-4.49	-4.54	-4.60	-4.66	-4.71

T-Nex Appointing– Block II

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- **Description of Block II**
  - **Replace HSSC LOE to 25 MTFs= LOE times $10/appointment**
- **Capabilities Delivered in Block II**
  - **Same as Block 1**
- **Risks Associated with Block II**
  - **Same as Block 1**

Range of Cost: If bid = $3/appt = $3.809

If bid = $10/appt = $12.53 M

Figures in $Ms

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block II	12.53	12.53	12.53	12.53	12.53	12.53
Delta	12.53	-12.53	-12.53	-12.53	-12.53	-12.53

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T-Nex Appointing – Block Summary

Figures in $Ms

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog						
Cost of Block I	4.25	4.49	4.54	4.60	4.66	4.71
Cost of Block II	12.53	12.53	12.53	12.53	12.53	12.53
Cost of Block III						
Delta Block I	-4.25	-4.49	-4.54	-4.60	-4.66	-4.71
Delta Block II	-13	-13	-13	-13	-13	-13
Delta Block III	0	0	0	0	0	0

T-Nex LSC-Appointing Personnel

BACKGROUND:

Under T-NEX, 29 AF MTFs will resume appointing services from the Managed Care Support Contractor (MCSC). MTFs will need additional appointing agents to prevent a decrement in appointing services to beneficiaries and succeed under T-Nex.

ADJUSTMENT:

Purchase contract appointing personnel, office supplies, computers for each of the 29 MTFs. Estimate includes 4 months transition time for appointing contract in FY04. FY05 and beyond to be funded from TMA

$M 04A1P102AE	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09
CURRENT PRG			0.00	0.00	0.00	0.00	0.00	0.00
ADJUSTMENT			4.422	12.817	12.817	12.817	12.817	
REV PGM	12.817		4.422	12.817	12.817	12.817	12.817	
TOTAL	12.817							

PROCUREMENT	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09

MPWR	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CONTRACT	0	0	174	174	174	174	174	174

IMPACTS:

- 29 MTFs eligible to procure appointing services currently provided by the MCSC
- Vital to meet MHS access standards; improve patients' ease of making appointments;
  success under T-Nex appointing
- Base year estimate includes transition lead in time of 4 months. Contract is for FY04 only (partial year)
- If not funded: Continued patient frustration with appointing; impaired access to the Direct Care system; risk
  loss of enrollees to network

Maj Marissa Koch/SGSA

Date: 11/18/03 1700 EST

04A1P101AY Local Support Contract-Appointing Personnel Only

ADJUSTMENT: **Purchase contract appointing personnel, office supplies, computers for each of the 29 MTFs.**

Funding Lines Total	4.22	12.817	12.817	12.817	12.817	

PE	APPN	COST	PROG	OAC	WSC/BPAC	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
87700f	3400	59200	aru000	43	000000	4.22	12.817	12.817	12.817	12.817	12.817

	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
Procurement								

Coordination

Panel Chair: 3080 FM Appn Manager
Panel POC: 3400 FM Appn Manager
Crosscut Panel: 3080 ILSR Funtional Mgr
IPT Chief:
ANG/AFR:
Program Element Mtr:
Database Manager:
ZBT Manager:

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Referral Management Centers

Assumptions

- **ROI & FY08: "Money made" by PSC cost avoidance is used to pay for RMC staff; HQ provides MTF/CC w/transfer of PSC bag to Direct Care bag to sustain RMC functions in out-years**
- **Standards:**
  - **JCAHO (Provision of Care, PC 5.60, & Information Mgt, IM 4.10)**
    - **Referrals tracked & accounted for 100% of the time**
  - **HSI LD.3.2.3, Jan 03: Specialty Care Referral Requirements**
    - **Tracking mechanism existed for referrals, process to return results to referring provider**
- **Staffing: First Consulting Group, AFMS data call, MTF Capability**
  - **≅1 FTE/10,000 enrollees; specialty care capability; workload = 30 referrals processed /FTE/day; local market**
  - **If ≤ 10 referrals/day/FTE = 0 FTEs—MTF absorbs (8 MTFs)**
  - **Mix: RN, LPNs, admin support; RN included if ≥ 4 FTEs req.**

RMC Roles & Responsibilities (R&R)

- **Protect CCA/BCA Business Plan:**
  - **Executes MTF's Right of First Refusal (ROFR): maximizes capacity (capacity defined in Service Availability Listing (SALs)**
  - **Monitors network's adequacy and compliance to ATC standards**
- **Appointing:** Patients appointed within ATC standards prior to leaving MTF (partner with HSSC within T-Nex contract parameters to appoint to network)
- **Health Benefits:** All categories of patients advised on referral/treatment options, travel requirements etc.
- **Review:** Referrals reviewed for appropriateness, administrative and medical completeness, covered TRICARE benefit etc.
- **Tracking:** All referral requests and results going out of/into MTF tracked/ followed-up within defined parameters (complement not assume HSSC's contractual requirement to track network referrals**)**
- **Customer Service: Patient leaves MTF with appointment; requesting provider relieved of administrative burdens**

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RMC – Block I

- **Description of Block I**
  - **Peer 3 with > 2,000 referrals /month, Peer 4, 5 MTFs: 100 FTEs in 19 MTFs**
- **Capabilities Delivered in Block I**
  - **RMC R&R; Prime containment, SCO, ECA/CCA/BCA maximized**
- **Risks Associated with Block I**
  - **< 100% MTF ROFR = ↑ PSC, ↓ CCA through Prime leakage; GME at risk; JCAHO/HSI noncompliance; PCM tracks own referrals; ↓ referral return rate**

Figures in $Ms

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block I	4.52	4.77	0	0	0	0
Delta	-4.52	-4.77	0	0	0	0

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RMC – Block II

- **Description of Block II**
  - **RMCs in selected Peer 3,4,5 MTFs = 108 FTEs in 33 MTFs**
- **Capabilities Delivered in Block II**
  - **RMC R&R to Peer 4 OCONUS MTFs**
- **Risks Associated with Block II**
  - **< 100% MTF ROFR = ↑ PSC; OCONUS may be able to absorb since manning closer to 100% than CONUS; plus many of the Block 1 risks**

Figures in $Ms

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block II	5.40	5.71	0	0	0	0
Delta	-5.40	-5.71	0	0	0	0

RMC – Block III

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- **Description of Block III**
  - **RMCs in all Peer Groups; 179 FTEs in 72 MTFs**
- **Capabilities Delivered in Block III**
  - **Block II plus RMC R&R in Peer 1,2,& all 3s**
- **Risks Associated with Block III**
  - **Block II & Peers 1-3: PCM perform RMC R&R, responsible for JCAHO/HSI requirements**

Figures in $Ms

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block III	8.66	9.15	0	0	0	0
Delta	-8.66	-9.15	0	0	0	0

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RMC – Block Summary

Figures in $Ms

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block I	4.52	4.77	0.00	0.00	0.00	0.00
Cost of Block II	5.40	5.71	0.00	0.00	0.00	0.00
Cost of Block III	8.66	9.15	0.00	0.00	0.00	0.00
Delta Block I	-5	-5	0	0	0	0
Delta Block II	-5	-6	0	0	0	0
Delta Block III	-9	-9	0	0	0	0

Referral Management Centers (Block 1)

BACKGROUND:

1999, 2000, 2001 IGCE and TMA Access to Care IPT key message: 100% return of referral reports to PCM in timely manner, appoint patient before leaving MTF. AF data call indicates highly variable and disparate R&A capability.

ADJUSTMENT:

Funds 83 FTE staff plus 5.6% inflation. FY06 = 15 PCM, 32 RNs, 33 admin clerks at 19 MTFs.

FUNDING ($M):	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
CURRENT PROGRAM	0.00	0.00	0.00	0.00	0.00	0.00
ADJUSTMENT	4.33	4.58	4.52	4.77	0	0
REVISED PGM TOTAL	4.33	4.58	4.52	4.77	0	0

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08
	0	0	0	0	0	0

MANPOWER	FY04	FY05	FY06	FY07	FY8	FY09	FY10	FY11
OFFICER	0	0	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0	0	0
CONTRACT	91	101	100	100	100	100	100	100

IMPACTS:

- **Declining CCA: leakage of cases to network when capacity available within direct care system – GME at risk**
- **1% investment to manage $772M per year Direct/Network specialty care costs**
- **Under T-Nex, RMC would manage an estimated $350M/year (FY04 fig) of at-risk private sector care**
- **Outcomes: meet JCAHO/HSI standards; employ 100% MTF right of first refusal; reduce redundancy; monitor prime containment/network adequacy; appoint patient before leaving MTF**

If funded, no change in status quo for managing over 1,134,830 annual

POC: Maj Marissa Koch

Referral Management Centers (Block I)

05R2M268WN

Funds RMC staff plus 5.6% inflation: FY06=15 RNs, 32 LPNs, 53 admin clerks at 19 MTFs

Funding Lines Total						4.33	4.58	4.52	4.77	0	0	0	0
PE	APPN	COST	PROG	OAC	WSC/BPAC	FY 04	FY 05	FY 06	FY 07	FY 08	FY 09	FY10	FY11
87700f	3400	59200	ak6000	43	000000	4.33	4.58	4.52	4.77	0	0	0	0

Coordination

Panel Chair: 3080 FM Appn Manager

Panel POC: 3400 FM Appn Manager

Crosscut Panel: 3080 ILSR Functional Mgr

IPT Chief:

ANG/AFR:

Database Manager:

Program Element Mtr:

ZBT Manager:

Referral Management Centers (Block ll)

BACKGROUND:

1999, 2000, 2001 IGCE and TMA Access to Care IPT key message: 100% return of referral reports to PCM in timely manner, appoint patient before leaving MTF. AF data call indicates highly variable and disparate R&A

ADJUSTMENT:

Funds 83 FTE staff plus 5.6% inflation: FY06 = 15 RNs, 40 LPNs, 53 admin clerks at 33 MTFs

FUNDING ($M):	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
CURRENT PROGRAM	4.33	5.42	5.4	5.71	0	0
ADJUSTMENT	0.00	0.00	0.00	0.00	0.00	0.00
REVISED PGM TOTAL	4.33	5.42	5.4	5.71	0	0

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
	0	0	0	0	0	0	0	0	0

MANPOWER	FY04	FY05	FY06	FY07	FY8	FY09
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0
CONTRACT	91	109	108	108	108	108

IMPACTS:

- **Declining CCA: leakage of cases to network when capacity available within direct care system – GME at risk**
- **1% investment to manage $772M per year Direct/Network specialty care costs**
- **Under T-Nex, RMC would manage an estimated $350M/year (FY04 fig) of at-risk private sector care**
- **Outcomes: meet JCAHO/HSI standards; employ 100% MTF right of first refusal; reduce redundancy;**
  monitor prime containment/network adequacy; appoint patient before leaving MTF

If no change in status quo for managing over 1,134,830 annual

Referral Management Centers (Block II)

05R2M268WN

Funds RMC staff plus 5.6% inflation: FY06=15 RNs, 40 LPNs, 53 admin clerks at 33 MTFs

Funding Lines Total						4.33	5.42	5.4	5.71	0	0	0	0
PE	APPN	COST	PROG	OAC	WSC/BPAC	FY 04	FY 05	FY 06	FY 07	FY 08	FY 09	FY10	FY11
87700f	3400	59200	ak6000	43	000000	4.33	5.42	5.4	5.71	0	0	0	0

Coordination

Panel Chair: 3080 FM Appn Manager

Panel POC: 3400 FM Appn Manager

Crosscut Panel: 3080 ILSR Functional Mgr

IPT Chief:

ANG/AFR:

Database Manager:

Program Element Mtr:

ZBT Manager:

Referral Management Centers (Block lll)

BACKGROUND:

1999, 2000, 2001 IGCE and TMA Access to Care IPT key message: 100% return of referral reports to PCM in timely manner, appoint patient before leaving MTF. AF data call indicates highly variable and disparate R&A

ADJUSTMENT:

Funds RMC staff plus 5.6% inflation: FY06=15 RNs, 85 LPNs, 79 admin clerks at 72 MTFs

FUNDING ($M):	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
CURRENT PROGRAM	0.00	0.00	0.00	0.00	0.00	0.00
ADJUSTMENT	4.33	8.5	8.66	9.15	0	0
REVISED PGM TOTAL	4.33	8.5	8.66	9.15	0	0

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08	FY10	FY11
	0	0	0	0	0	0	0	0

MANPOWER	FY04	FY05	FY06	FY07	FY8	FY09
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0
CONTRACT	91	180	179	179	179	179

IMPACTS:

- **Declining CCA: leakage of cases to network when capacity available within direct care system – GME at risk**
- **1% investment to manage $772M per year Direct/Network specialty care costs**
- **Under T-Nex, RMC would manage an estimated $350M/year (FY04 fig) of at-risk private sector care**
- **Outcomes: meet JCAHO/HSI standards; employ 100% MTF right of first refusal; reduce redundancy;**
  monitor prime containment/network adequacy; appoint patient before leaving MTF

If no change in status quo for managing over 1,134,830 annual

05R2M268WN Referral Management Centers (Block III)

Funds RMC staff plus 5.6% inflation: FY06=15 RNs, 85 LPNs, 79 admin clerks at 72 MTFs

Funding Lines Total							4.33	8.5	8.66	9.15		0	0
PE	**APPN**	**COST**	**PROG**	**OAC**	**WSC/BPAC**	**FY 04**	**FY 05**	**FY 06**	**FY 07**	**FY 08**	**FY 09**	**FY10**	**FY11**
87700f	3400	59200	ak6000	43	000000	**4.33**	**8.5**	**8.66**	**9.15**			**0**	**0**
	0	**0**											

Coordination

Panel Chair: 3080 FM Appn Manager

Panel POC: 3400 FM Appn Manager

Crosscut Panel: 3080 ILSR Functional Mgr

IPT Chief:

ANG/AFR: Database Manager:

Program Element Mtr: ZBT Manager:

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Patient Movement Items (PMI)

- **Assumptions**
  - **No more directed changes to scope of services, item additions to the inventory, or number of organizations supported. Any changes will be accompanied with corresponding resources**
  - **Technology will evolve, be available, and be funded for insertion as planned**
  - **DMLSS will undertake at least half of peacetime asset tracking/visibility requirement, highlighting accountability**
  - **Purchases will continue to take advantage of trade in values**
  - **Assets beyond economical repair will continue to become training aids and support for exercises**

Patient Movement Items (PMI) – Block I

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- **Description of Block I**
  - **Maintain program steady-state: asset leveling, asset visibility, limited sustainment**
- **Capabilities Delivered in Block I**
  - **May continue capability of prior FY, no improvements**
- **Risks Associated with Block I**
  - **No new technology – out of step with MTFs and training**

Figures in $000's

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block I	1,530	1,484	2,000	1,560	1,793	1,812
Delta	-1,530	-1,484	-2,000	-1,560	-1,793	-1,812

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Patient Movement Items (PMI) – Block II

- **Description of Block II**
  - **Minimal equipment purchases for inventory upgrade**
- **Capabilities Delivered in Block II**
  - **Replace some critical equipment beyond economical repair**
- **Risks Associated with Block II**
  - **Insufficient funds to implement new technology for operational needs – can be out of sync with changing priorities**

Figures in $000's

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block II	4,560	3,984	4,100	3,520	3,693	3,512
Delta	-4,560	-3,984	-4,100	-3,520	-3,693	-3,512

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Patient Movement Items (PMI) – Block III

- **Description of Block III**
  - **Inventory requirements for specific FY plans**
- **Capabilities Delivered in Block III**
  - **Capabilities sustained as required in war plans**
- **Risks Associated with Block III**
  - **Lack of program flexibility to shift resources between FYs to optimize procurement actions**

Figures in $000's

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block III	8,560	7,814	7,789	5,920	5,893	5,812
Delta	-8,560	-7,814	-7,789	-5,920	-5,893	-5,812

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Patient Movement Items (PMI) – Block Summary

Figures in $000's

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block I	1,530	1,484	2,000	1,560	1,793	1,812
Cost of Block II	4,560	3,984	4,100	3,520	3,693	3,512
Cost of Block III	8,560	7,814	7,789	5,920	5,893	5,812
Delta Block I	-1,530	-1,484	-2,000	-1,560	-1,793	-1,812
Delta Block II	-4,560	-3,984	-4,100	-3,520	-3,693	-3,512
Delta Block III	-8,560	-7,814	-7,789	-5,920	-5,893	-5,812

Headquarters U.S. Air Force

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Dental Operations Panel

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Dental Private Sector Care

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- **Assumptions**
  - **Want to maintain a high quality dental care benefit for AD**
  - **Want to provide that service in most cost effective manner**
  - **Not implementing DCO results in > $35M in referred care annually**
  - **Care still referred for staff capability deficits (can't do some specialties based on staffing mix)**
  - **Remote Dental Program unaffected (still a bill to pay)**
  - **60% reduction in referred care results in $12M bill by 2009 with DCO**
  - **MMSO TOA remains as programmed ($18M-2006 decreasing in POM)**

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Dental PSC, no DCO – Block I

- **Description of Block I**
  - **Not implementing DCO, can't provide much in house care**
- **Capabilities Delivered in Block I**
  - **Increasing amounts of care done in private sector**
  - **Rapidly lose GDE pipeline for in house specialty care**
- **Risks Associated with Block I**
  - **Paying highest prices, loss of duty time, loss of control**

Figures in Millions

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	18	16	13	10	0	0
Cost of Block I	32	34	36	37	0	0
Delta	-14	-18	-23	-27	0	0

Dental PSC with DCO – Block II

- **Description of Block II**
  - **Phase in DCO and recapture care into DTF**
- **Capabilities Delivered in Block II**
  - **Access, quality, and cost effective care in DTFs**
  - **Maintain control, ensure readiness/health, Training, R&R**
- **Risks Associated with Block II**
  - **Not getting adequate resources for DCO, bills still rise**

Figures in Millions

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	18	16	13	10	0	0
Cost of Block II	20	17	14	12	0	0
Delta	-2	-1	-1	-2	0	0

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PSC – Block Summary

Figures in Millions

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	18	16	13	10	0	0
Cost of Block I	32	34	36	37	0	0
Cost of Block II	20	17	14	12	0	0
Cost of Block III	0	0	0	0	0	0
Delta Block I	-14	-18	-23	-27	0	0
Delta Block II	-2	-1	-1	-2	0	0
Delta Block III	0	0	0	0	0	0

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Dental Care Optimization (DCO)

- **Assumptions**
  - **Not implementing DCO results in > $35M in referred care annually**
  - **Care still referred for staff capability deficits (can't do some specialties)**
  - **60% reduction in referred care results in $12M bill by 2009**
  - **$18M recaptured MMSO considered a ROI, but not an offset**
  - **Civilian dental contracts (Choctaw) TOA available as programmed**
  - **May use dental contract (Choctaw) TOA for add'l support personnel**
  - **Use Class 1 to 65% DC TOA for supplies/equipment/personnel**
  - **Use MedOps "deal" DC trade-in TOA (~$1.5M) for personnel/supplies**
  - **Future trade in of DC auths results in additional TOA**
  - **MMSO TOA remains as programmed ($18M-2006 decreasing in POM)**

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DCO Fast Track – Block I

- **Description of Block I**
  - **Full implementation in 2006, all TOA available used**
- **Capabilities Delivered in Block I**
  - **Full DCO only where facilities (# DTRs) will support**
  - **Recapturing care referred for capacity; will not affect remote**
- **Risks Associated with Block I**
  - **Not fully tested/doesn't work as predicted/int customer morale**

Figures in $Ms

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block I	15	15	14	16	16	16
Delta	-15	-15	-14	-16	-16	-16

DCO Phased in – Block II

- **Description of Block II**
  - **Phased in, does not use Choctaw TOA**
- **Capabilities Delivered in Block II**
  - **Full DCO only where facilities (# DTRs) will support**
  - **Recapturing care referred for capacity; will not affect remote**
- **Risks Associated with Block II**
  - **Not getting adequate resources, impact on career progression**

Figures in $Ms

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block II	1	2	4	5	5	5
Delta	-1	-2	-4	-5	-5	-5

DCO Phased in – Block III

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- **Description of Block III**
  - **Complete resourcing/implementation as determined by panel**
- **Capabilities Delivered in Block III**
  - **Full DCO only where facilities (# DTRs) will support**
  - **Recapturing care referred for capacity; will not affect remote**
- **Risks Associated with Block III**
  - **Not getting adequate resources, impact on career progression & locales that lose Choctaw support**

Figures in $Ms

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block III	0	0	0	2	7	11
Delta	0	0	0	-2	-7	-11

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DCO – Block Summary

Figures in Millions

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block I	15	15	14	16	16	16
Cost of Block II	1	2	4	5	5	5
Cost of Block III	0	0	0	2	7	11
Delta Block I	-15	-15	-14	-16	-16	-16
Delta Block II	-1	-2	-4	-5	-5	-5
Delta Block III	0	0	0	-2	-7	-11

AF Digital Dental Radiology Enterprise Initiative

BACKGROUND:

HQ/SGD directed conversion of conventional to digital dental imaging to enable acquisition, archiving, storage and networking for the dental treatment of a global Air Force. Outfitting over 80 Dental Treatment Facilities and 1250 treatment rooms worldwide with acquisition/viewing stations for Dental Care Optimization (DCO).

ADJUSTMENT:

Start-up costs for FY03/FY04 software licenses, computer equipment for treatment rooms, acquisition devices/hardware, training and support

FUNDING ($M):	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
PEC						
CURRENT PROGRAM	0	0	0	0		
ADJUSTMENT	29.3	2.8	2.8	2.8		
REVISED PGM TOTAL	29.3	2.8	2.8	2.8		

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08
Training/support	1.5M	1.5M	1.5M	1.5M	1.5M	1.5M
Hardware	13.3M		100K	100K	100K	100K
Software	2.2M	0	0	0	0	0
Computer equip	9.13M	0	0	0	0	0
Equipment	2.87M	1M	1M	1M	1M	1M
Administrator	300K	300K	300K	300K	300K	300K

MANPOWER	FY03	FY04	FY05	FY06	FY07	FY08
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0

If Applicable

IMPACTS:

-Enterprise wide digital imaging is critical to maximize return on investment of DCO

-Standardization of dental technology eliminates proprietary software

-Facilitates accurate and timely diagnosis and treatment planning; critical for geographically separated clinics and deployed forces during military and homeland defense contingencies

-Eliminates chemical film processing and disposal of RCRA hazardous wastes (e.g. Pb, Ag)

-Allows the creation of a web-based electronic repository, dental radiographs for all AD and ARC personnel

POC:Col Baiorunos HQ/SGD

Corporate Dental Application (CDA) (Electronic Scheduler)

BACKGROUND:

The Air Force Dental Service transitioned to the Army Corporate Dental Application (CDA) (electronic appointment scheduler) in FY04/05 timeframe. Prior to this, most bases were using paper appointment books. CDA offers not only scheduling capability but the ability to capture productivity data at the point of service enabling support personnel to be utilized in direct patient care.

ADJUSTMENT:

Sustainment costs for AF-wide application of CDA includes support staff comprised of a 1.5 help desk representatives, part-time Systems Engineer, and part-time Database Analyst.

FUNDING ($M):	FY 2005	FY 2006	FY 2007	FY 2008	FY2009	FY2010
PTC						
CURRENT PROGRAM	0.0	0.0	0.0	0.0	0.0	0.0
ADJUSTMENT	0.0	0.355	0.355	0.655	0.655	0.355
REVISED PGM TOTAL	0.355	0.355	0.355	0.655	0.655	
	0.355	0.355				

PROCUREMENT	FY05	FY06	FY07	FY08	FY09	FY10
TDY	0.010	0.01	0.01	0.010	0.010	0.010
Hardware (Refresh Servers)	0.0	0.0	0.300	0.300	0.0	0.0

MANPOWER	FY05	FY06	FY07	FY08	FY09	FY10
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0
CONTRACT	2.5	2.5	2.5	2.5	2.5	2.5

1.5 Help Desk; 0.5 Engineer; 0.5 DBA

IMPACTS:

- Previous system was inefficient and did not support DCO. This is the #1 request from AF bases!
- Application of CDA (electronic scheduler) is paramount to Dental Care Optimization as it enables patients to be reappointed and productivity data captured at the point of service freeing personnel currently employed at the front desk, data, etc. to be redeployed in support of direct patient care as a DCO team member
- CDA facilitates dental health records tracking and documentation while providing efficiencies in managing and reporting appointment utilization rates, tracking broken or cancelled appointments and template management

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Force Development Panel

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Health Professions Scholarship Program

- **Assumptions**
  - **AFMS unable to recruit and retain right mix of personnel**
  - **HPSP is primary means of attaining MC, DC, some NC and BSC**
  - **AF historically under-executes quotas (1200/1666)**
    - **Includes 350 new HPSP starts per year**
  - **Failure of program results in shortfalls in the out-years**
    - **Drives higher PSC costs**
  - **Cost of tuition exceeds the standard inflation rate per TMA**
    - **Currently 10-12 %, vs inflation Rate of 5%**
  - **Competition from other services**
    - **Army has asked for unused AF quotas**

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HPSP- Block I

- **Description of Block I = Program "As Is" =Decrease in purchasing power**
  - **Budget at current inflation rate**
  - **No restrictions on choice of education institution**
  - ***FY04 Baseline plused up $6.3M over**
- **Capabilities**
  - **Reduced ability to fund at historical level**
- **Risks Associated with Block I**
  - **No new starts, 13 un-funded scholarships in FY06**

Figures in $000's

Issue	FY04	FY05	FY06	FY07	FY08	FY09
Current Prog	38260*	36,410	38,230	40,140	42,150	44,260
Cost of Block I		0	0	0	0	0
Delta						

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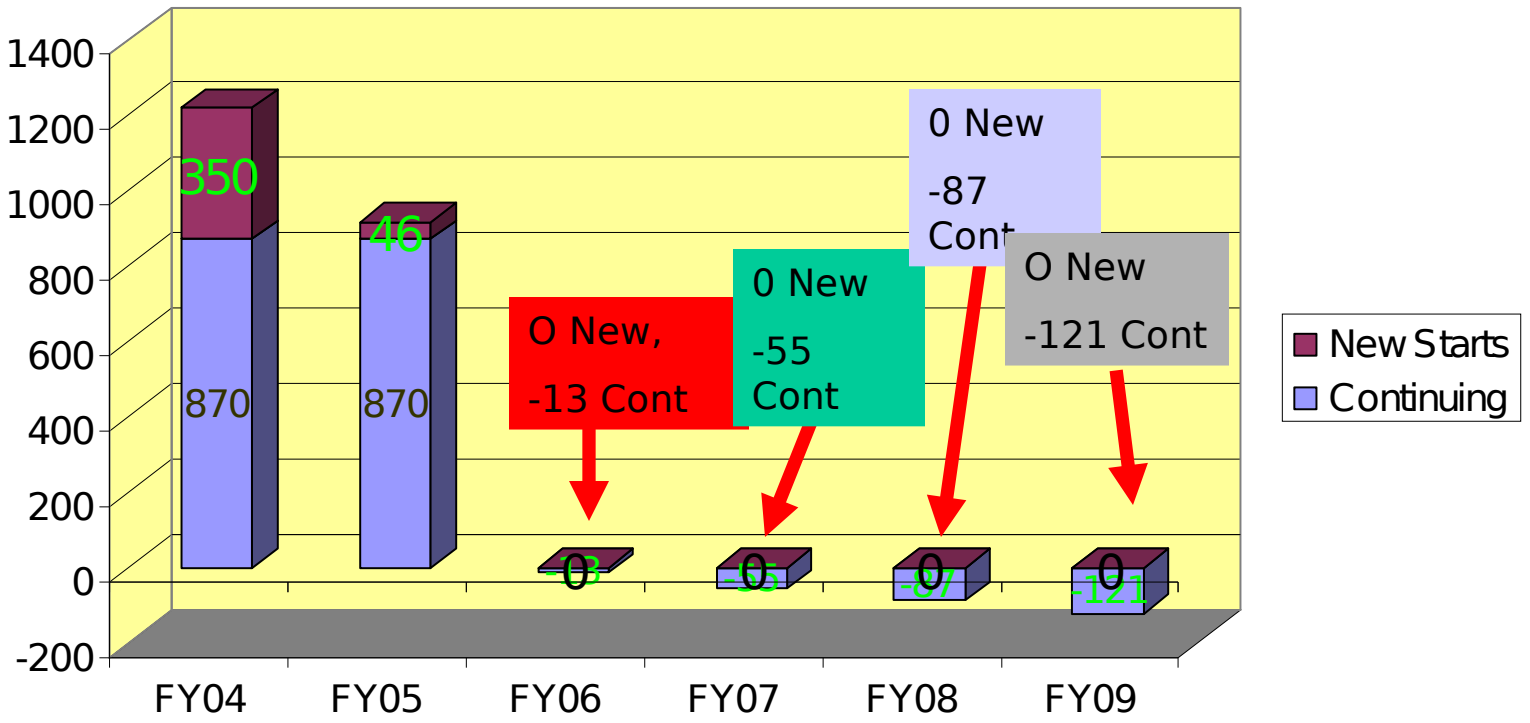
HPSP-Block I

Erosion of Program at Current Inflation



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HPSP – Block II

- **Description = No Program growth**
  - **Sustain current quotas; keep pace with rising costs**
- **Capabilities**
  - **350 new starts per year, 1200 total students in pipeline**
- **Risks**
  - **Fail to address existing shortfalls in MC and DC**

Figures in $000's

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	37,831	39,723	41,709	43,795	45,108	46,462
Cost of Block II	45,977	50,454	55,353	60,746	66,675	73,182
Delta	**-8,146**	**-10731**	**-13,644**	**-16,951**	**-21,567**	**-26,720**

HPSP – Block IIB

- **Description = Revised Program – Caps applied**
- **Capabilities**
  - **? Sustain current quotas; keep pace with rising costs**
  - **Gradual increase in number of quotas executable**
- **Risks**
  - **Level of acceptance unknown**
    - **Potential to lose applicants in not HA/Joint initiative**
  - **Require a phased approach over 3-4 years**

Notional

Figures in $000's

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	37,831	39,723	41,709	43,795	45,108	46,462
Cost of Block II	39,072					
Delta	**-1,241**	**-10731**	**41,709**	**43,795**	**45,108**	**46,462**

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HPSP – Block III

- **Description = Enhanced HPSP with Dental Option**
  - **Includes proposal to improve DC recruiting and retention**
- **Capabilities = transition program provides 90 four year HPSs FY10**
  - **Helps sustain force capable of performing DCO and fulfill expeditionary requirements (increased ADO)**
- **Risks include increase in program costs**
  - **Offsets: reduced HPLRP, accession bonus, and PSC costs**

Figures in $000's

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	37,831	39,723	41,709	43,795	45,108	46,462
Cost of Block III	49,077	55,454	61,753	68,546	76,097	84,328
Delta	11,246	15,731	20,044	24,751	30,989	**37,866**

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HPSP Summary

Figures in $000's

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	37,831	39,723	41,709	43,795	45,108	46,462
Cost of Block I	0	0	0	0	0	0
Cost of Block II	45,977	50,454	55,353	60,746	66,675	73,182
Cost of Block III	49,077	55,454	61,753	68,546	76,097	84,328
Delta Block I	0	0	0	0	0	0
Delta Block II	-8,146	-12,623	-17,522	-22,915	-28,844	-35,351
Delta Block III	-11,246	-17,623	-23,922	-30,715	-38,266	-46,497

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Health Professions Loan Repayment Program

- **Assumptions for HPLRP**
  - **Unable to recruit and retain right mix of personnel**
  - **Key recruitment/retention tool for NC, BSC, DC, some MC**
  - **Program targets fully qualified, often heavily indebted**
    - **Retooling in FY03 and FY04 ensured increased ADO**
  - **Program expires in FY05, FY04 new starts at risk**
  - **Corps specific strategies provide greatest ROI**
  - **FY08 Special Pay Plan approval will reduce need for MC-LRP**
    - **Will have greater clarity re: AFSC requirements by FY08**

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HPLRP- Block I

- **Description of Block I = Reduced requirements assumes increase in Special Pays in FY08 and NC debt load remains $20K**
  - **Fund program across FYDP for total of $79.8M (avg $13.3M/yr)**
- **Capabilities = Limited**
  - **Reduction in number of HCP recruited and retained if Special Pay increases do not occur in FY08**
- **Risks Associated with Block I**
  - **Betting on Special Pay approval to meet requirements**
  - **Loss of force sculpting ability in critical specialties**

Figures in $000's

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog						
Cost of Block	9,972	16,418	17,069	15,036	12,010	9,349
Delta	-9,972	-16,418	-17,069	-15,036	-12,010	-9,349

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HPLRP- Block II

- **Description of Block II = Requirements assuming no increases in Special Pay Program; include NC specialists with >$20K debt load**
- **Capabilities =**
  - **Reduce losses and recruit to requirements**
  - **300+ critical personnel retained/recruited per year**
- **Risks =**
  - **One less tool for leveraging against civilian sector fiscal appeal**
  - **Military compensation unable to relieve debt load**

Figures in $000's

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block II	12,435	19,010	23,890	25,619	23,121	16,656
Delta	-12,435	-19,010	-23,890	-25,619	-23,121	-16,656

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HPLRP Block Summary

Figures in $000's

Issue	FY06	FY07	FY08	FY09	FY10	FY11
Current Prog	0	0	0	0	0	0
Cost of Block I	9,972	16,418	17,069	15,036	12,010	9,349
Cost of Block II	12,435	19,010	23,890	25,619	23,121	16,656
Cost of Block III						
Delta Block I	-9,972	-16,418	-17,069	-15,036	-12,010	-9,349
Delta Block II	-12,435	-19,010	-23,890	-25,619	-23,121	-16,656
Delta Block III	0	0	0	0	0	0

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HPSP-History

- Prior to 1999 cost of tuition was capped
- FY03 was first year all 4 enrolled classes were not subject to those constraints
- Consequently total program cost has increased exponentially
  - $17.8K per student/ yr in 1999 to $29.5K per student/ yr 2004
  - Resulted in cumulative shortfall of $6.05M in FY03
  - More students in Tier I schools ($30K/yr)

- TMA authorizes 1666 training allocations per year
  - AF never executes more than ~1220
  - Cost for same number of students outpaced inflation factor

HPSP-History

Historical Student Loads, by Corps

	2002	2003	2004 Plan	
BSC	45	41	66	
DC	204	191	187	
MC	948	926	949	
NC	4	10	17	
	1201	1168	1219	

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HPSP-History

	2001	2002	2003	2004
Progam	25.1M	29.4M	31.9M	38.3M
Execution	26.8M	30.38M	34.16M	
Student Load	1,168	1,201	1,168	1,220
AveCost/student	22K	25K	29K	est.29.5K

Programmed Inflation from TMA=5%

Projected inflation 9.7%

Health Professions Scholarship Program (HPSP)

BACKGROUND:

HPSP is the primary pipeline for accessing Physicians and Dentists, and some required NC, and BSC officers. Program funds full tuition, fees, books and a stipend for students who commit to enter AF following graduation. AF admits approximately 350 students annually, based on quotas determined by SG.

ADJUSTMENT:

This adjustment reflects increased costs of college education. Prior to 1999, cost was capitated/controlled by legislation. Since 1999, no ceiling has been applied, and costs have nearly doubled from $17.8K to $29.5K. Projected shortfall includes $7.12M for new starts and $1.026M for currently enrolled students

FUNDING ($M):	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
PEC						
CURRENT PROGRAM	37.83M	39.72M	41.71M	43.8M	45.1M	46.46M
ADJUSTMENT		8.146M	10.73 M	13.64M	16.95M	21.57M
REVISED PGM TOTAL	26.72M	45.977M	50.454M	55.353M	60.746M	66.675M	73.182M

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08
Item 1						
Item 2						
	Not Applicable					

MANPOWER	FY04	FY05	FY06	FY07	FY08	FY09
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0

IMPACTS:

-Funding this program will provide a sufficient number of MC, DC officers to fulfill requirements

--Historical inability to recruit or retain adequate numbers of fully trained HCP detrimental to mission

- Failure to fund program notable in the out years as full effect of no new starts is realized

--FY07- less 10 pharmacists/optometrists; FY08- less 4 engineers and 12 pharmacists/optometrists; FY09-less 30-35 dentists and 63 MDs; FY10- less 6 dentists and 188 MDs

-PSC/contract costs skyrocket as a result of manning shortages, and program closures

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HPLRP-History

	2002	Contracts	2003	Contracts
BSC	2.67M	133	2.15M	104
DC	1.73M	74	2.12M	84
MC	0.50M	2	0.40M	14
NC	4.15M	241	4.90M	277
	$8.80	450	$9.57	479
		24 Optometrists		
		38 Pharmacists		
		74 Dentists		
Average PMT	$21K	235 Nurses	$22.6K	
Contr. Limit	$28.7k FY04	$29.7k FY05		

HPLRP-Future

	2004	2005	2006	
Tail	2.63M	1.54M		
Recruiting Obl.	3.61M			
Remain for Ret.	5.55M*	10.25M**		
Contract Mgmt.	0.21M	.21M		
	$12M	$12M		
Contr. Limit	$28.7k FY04	$29.7k FY05		
Potential Taker	53 FP	All manned <90%		
	13 IM			
	5 GS			
	5 ER			
	4 Rad			

*To be used for retention, subject to availability of funds

**To be used for recruiting and retention, once given go-ahead, Sum04

FY06 Health Professions Loan Repayment Program (HPLRP)

BACKGROUND:

Center for Naval Analysis recommended HPLRP as a retention and accession tool. Began in FY02 as a 4 year optimization tool. Major reason DC officers separate is debt load. For MC & DC, LRP is a short term bridge until we can obtain appropriation for discretionary pay increases ($14.3M) and until Dental HPSP Initiative is approved.

ADJUSTMENT:

Funds continue support of HPLRP quotas, and provides flexible accession/retention tool. Full $12.6M in FY06 is integral to providing a valued program for MC and DC who have higher debt load.

FUNDING ($M):	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
CURRENT PROGRAM	0.0	0.0	0.0	0.0	0.0	0.0
ADJUSTMENT	12.6	19.2	24.1	25.8	23.3	16.9
REVISED PGM TOTAL	12.6	19.2	24.1	25.8	23.3	16.9

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08
Item 1						
Item 2						

MANPOWER	FY03	FY04	FY05	FY06	FY07	FY08
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0

IMPACTS:

- FY02/03 HPLRP bought more active duty obligation* for primarily NC, DC& BSC officers at cost savings ratio
- For every HPLRP dollar spent/year (above military compensation), we avoid spending $1.90 per MC officer, $2.13 per DC officer, $1.69 per BSC Officer and $1.92 for every NC officer (based on contract cost avoidance)*
- FY02/03 retained: 12 MC, 86 DC, 164 BSC, 412 NC for additional years. Accessed: 3 MC, 6 DC, 120 NC
- HPLRP supplements the special pay incentives while we seek appropriation to increase special pay rates

POC: Major Luce

- If not funded, we could pay twice for lost health specialist: (a) for the PSC; and (b)

Medical Modernization Panel

MBI Info Brief to Group

Col Holt
SGR 2
25 Feb 04

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Med Mod MBI & AFMS OP MBI

- **Leesburg II**
  - **AFMS Group requested $42.4M disconnect be submitted as Major Budget Issue (MBI)**
  - **How to pay this SG directed bill remains unresolved**
- **FY04-11 OP disconnect of $50.4M**

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History of Med Mod TOA Goal

- SG directed Corporate Structure (MAPPG) to
  - Ramp up Modernization Program to $120M in FY06
  - If things break in doing this, then outline what breaks
- Some MAJCOMs voiced desire to accept tax at Leesburg II as easiest way to meet SG intent

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Med Mod Block I Fund Ongoing #1 Priority - $21M

- Description: Funds Epidemic Outbreak Surveillance (EOS)
- Assumptions:
  - EOS will remain as top SG RDT&E priority
  - Funding not likely from other sources
- Research platform at Lackland and Brooks
    - Advanced Diagnostic Lab
    - Salaries for researchers
    - Supplies
  - Sample processing – producing the results
  - Chips – developing advanced diagnostic chips
- Sustains partnerships with USN, USA, DTRA and civilian institutions

UNCLASSIFIED

Epidemic Outbreak Surveillance (EOS) and Testrange

BACKGROUND:

EOS is an integrated system to accelerate informed decisions on imminent threats from infectious disease and bioweapons. EOS transitions to a VVT&E biotechnology testrange, focused on advanced biotechnology platforms and bioinformatics, mitigating ethical, social, and legal issues as part of the validation of systems performance

ADJUSTMENT:

Funding for contracted personnel, equipment, and research supplies. Expenditures distributed across five EOS installation nodes and informatics hub. Essential engagements of USAF officers, enlisted personnel

FUNDING ($M)	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	5.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0
ADJUSTMENT	0.0	0.0	21.0	21.8	22.7	23.6	24.6	25.5
REV PGM TOTAL	15.0	15.0	21.0	21.8	22.7	23.6	24.6	25.5

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11

MANPOWER	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
OFFICER	3	3	3	3	3	3	3	3
ENLISTED	1	1	1	1	1	1	1	1
CIVILIAN	0	0	0	0	0	0	0	0

IMPACTS: IPL: Y; MAPPG: Y; SGROCC: Y (23 Aug 03)

-REQUIREMENT: PD5, MAP, JORDS, JPL 10/20/21, FY06 MAPPPG directs development of EOS technologies

-Leverages $14.2M in FY02-FY04 for EOS infrastructure, personnel, technology development, testbed operations

-Program follows guidance of key DoD scientific advisory panels: integrates real-time (<2h) advanced diagnostics for performance, informatics to minimize false positive signals; dual use for operational medicine and biodefense

-Impact if not funded: US and USAF miss fleeting opportunity to support command and control decision makers confronting outbreaks and biothreat events; and to contain high annual US costs of infectious diseases (> $120 B)

POC: LtCol DiFato, AF/SGR

Med Mod Block II Other Must Pays - $4.92M

- **TMIP - $1.23M**
  - **AFMS effort required per agreement with TMA**
  - **Pays for testing, training and deployment**
- **SuperVision Research - $1.7M**
  - **CSAF and SG directed**
- **Clinical Research - $1.99M**
  - **Funds infrastructure at MTFs for clinical research needed to support GME and maintain FDA compliance**

Theater Medical Information Program (TMIP)

BACKGROUND:

Medical UTCs now have deployable hardware/software network systems. Integrated management and sustainment support is required for the systems to perform properly and stay operative. Legacy systems require upgrades to stay current with information requirements. The current level of systems within deployable UTCs and lack of systems expertise necessitates predeployment and operational support.

EXPLANATION OF ADJUSTMENT:

FUNDING ($M): PEC 27781	FY 04	FY 05	FY 06	FY 07	FY 08	FY 09
CURRENT PROGRAM	FY10 0	FY11 0	0	0	0	0
ADJUSTMENT	0.430	0 1.240	1.230	1.040	1.160	
REVISED PGM TOTAL	1.970 1.430 1.23	1.240 1.36	1.230	1.040	1.160	1.970

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09

MANPOWER	FY04	FY05	FY06	FY07	FY08	FY09
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0

IMPACTS:

CINC IPLs: YES DPG: Yes APPG: Safety Board: No

- The EMEDS AAR and current deployed activities has highlighted the necessity for AEF UTC hardware and software sustainment support
- The lack of configuration control and hardware/software on-site support limits system utility
- Certification for security assessment to medical UTCs to plug into any DOD network is required by law.
- TMIP-Joint still several years away from being fielded. Legacy systems are not integrated to provide appropriate support.

SuperVision / PRK Research Program

BACKGROUND:

Photorefractive surgery research began in 1995 as a Tri-Service effort directed at Photorefractive Keratectomy (PRK). PRK has been extensively studied since 1997. AF has not studied LASIK for aeromedical concerns. Phases II and III, as described by SGR, determine and transition latest refractive techniques to aviators and Spec Duty personnel

ADJUSTMENT:

- 311th proposed studies prior to implementation of LASIK for aviators and Special Duty personnel
- Proposed LASIK: 1) Acceleration Test, 2) Windblast Study & 3) Altitude and NVG Study

FUNDING (JMS):

	FY04	FY05	FY06	FY07	FY08	FY09
CURRENT PROGRAM	0.0	0.0	1.044	1.044	1.044	1.044
ADJUSTMENT	0.0	0.0	1.7	0.15	0.16	0.16
REVISED PGM TOTAL	0.0	0.0	2.744	1.194	1.195	1.195

PROCUREMENT

FY04	FY05	FY06	FY07	FY08	FY09

MANPOWER

	FY04	FY05	FY06	FY07	FY08	FY09
OFFICER	2	2	2	4	4	4
ENLISTED	2	2	2	3	3	3
CIVILIAN	0	0	0	0	0	0

IMPACTS: IPL: N; MAPPG: Y; SGROCC: Y (25 Aug 03)

-Required to address aeromedical concerns [Flap stability, G-forces, Altitude, NVG Standard]
- Studies required for policy implementation
- Studies required for waiver/ETP determination
- Effort needed to answer CSAF direct requirement for affording these surgical techniques to aircrews and special duty personnel

POC: LtCol Carter AFMSA/SGR

AFMS Clinical Research Program

BACKGROUND:

The Clinical Research Program promotes/conducts biomedical research and medical education in support of aerospace expeditionary operations and military families and ensures protection of subjects when participating in research projects. Previous withhold ($750K) barely addresses regulatory compliance and GME requirements.

ADJUSTMENT:

Funds unique supply, equipment, training or service requirements at 9 research sites, 3 with active animal laboratories. Aligns current research program with AFMS Requirements.

FUNDING ($M): PEC 06R1BXXXA

	FY04	FY05	FY06	FY 07	FY08	FY09	FY10	FY11
CURRENT PROGRAM	0.0	0.0	0.0	0.0	0.0			
ADJUSTMENT	0.0	1.85	0.0	1.92	0.99	2.06	2.13	2.35
REVISED PGM TOTAL	1.85	1.92	1.99	2.06	2.13	2.35	2.55	2.85

PROCUREMENT

	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
	0	0	0	0	0	0	0	0

MANPOWER

	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
OFFICER	0	0	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0	0	0

IMPACTS: IPL: N; MAPPG: Y; SGROCC: Y (25 Aug 03)

- -Clinical research will not support AFMS HWS, Op Med and Clinical Med requirements
- -Limited support for investigational drugs for Force Health Protection (smallpox) and vaccine efficacy studies
- -Lack of research opportunities creates retention/recruitment issues and promotes stagnation of medical staff
- -Limits military-specific research in the Air Force
- -World class research requires adequate funding.

POC: Major Robinson AF/SGR

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Med Mod Block III SGROCC/MMP Reqmts - $16.48M

- SGROCC validated and Panel prioritized initiatives
- Ongoing Programs
  - Corporate Dental Application (Electronic Scheduler) - $0.309M
    - Provides electronic patient scheduling omitted from CHCS-II
  - Dental Care Optimization - $13.1M
- Remaining $3M applied to new initiatives divided among AFMS CONOPS Capabilities
  - Restore Health
  - Enhance Human Performance
  - Ensure a Fit and Healthy Force
  - Prevent Casualties
  - IM/IT
- Over $100M remaining unfunded initiatives validated by SGROCC to date

Corporate Dental Application (CDA) (Electronic Scheduler)

BACKGROUND:

The Air Force Dental Service transitioned to the Army Corporate Dental Application (CDA) (electronic appointment scheduler) in FY04/05 timeframe. Prior to this, most bases were using paper appointment books. CDA offers not only scheduling capability but the ability to capture productivity data at the point of service enabling support personnel to be utilized in direct patient care.

ADJUSTMENT:

Sustainment costs for AF-wide application of CDA includes support staff comprised of a 1.5 help desk representatives (135K), part-time Systems Engineer (87K) and part-time Database Analyst (82K).

FUNDING ($M):	FY 2005	FY 2006	FY 2007	FY 2008	FY2009	FY2010
CURRENT PROGRAM	0.0	0.0	0.0	0.0	0.0	0.0
ADJUSTMENT	0.309	0.309	0.609	0.609	0.309	
REVISED PGM TOTAL	0.309	0.309	0.609	0.609		

PROCUREMENT	FY05	FY06	FY07	FY08	FY09	FY10
TDY	0.005	0.005	0.005	0.005	0.005	0.005
Hardware (Refresh Servers)	0.0	0.0	0.300	0.300	0.0	0.0

MANPOWER	FY05	FY06	FY07	FY08	FY09	FY10
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0
CONTRACT	2.5	2.5	2.5	2.5	2.5	2.5

1.5 Help Desk; 0.5 Engineer; 0.5 DBA

IMPACTS:

- Previous system was inefficient and did not support DCO. This is the #1 request from AF bases!
- Application of CDA (electronic scheduler) is paramount to Dental Care Optimization as it enables patients to be reappointed and productivity data captured at the point of service freeing personnel currently employed at the front desk, data, etc. to be redeployed in support of direct patient care as a DCO team member
- CDA facilitates dental health records tracking and documentation while providing efficiencies in managing and reporting appointment utilization rates, tracking broken or cancelled appointments and template management

Dental Care Optimization

BACKGROUND:

DCO is the model for the future of AF dentistry. It is being tested at 2 of 80 dental treatment facilities in FY04 with current funding. Objective is continued modernization through incremental implementation in FY05-FY07. Contractor oversight needed to ensure optimally deployed system that functions effectively for AFMS.

ADJUSTMENT:

FY04: Civilian Consultant/TDY expense. FY05-07: Maintain contractor to supervise training at 14 new bases, contract needed gap-fill to meet manpower standard, equipment, minor facility changes. FY08: Transfer DOP.

FUNDING ($M): PEC 06R1BXXXA

	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
CURRENT PROGRAM	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ADJUSTMENT	0.089	9.0	13.1	17.9	0.0	0.0	0.0	0.0
REVISED PGM TOTAL	0.089	9.0	13.1	17.9	0.0	0.0	0.0	0.0

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
	0	0	0	0	0	0	0	0

MANPOWER	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
OFFICER	0	0	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0	0	0
CIVILIAN	0	92	184	225	0	0	0	0

IMPACTS: IPL: N; MAPPG: Y; SGROCC: Y (25 Aug 03)

-Continue modernization effort following published AF implementation plan approved in Sep 04

-Gap fill LR/Shaw: sustain 2 licensed hygienists / 5 Dental Assistants for current test sites in FY05 = 385K

-Gap fill for 14 DCO bases x 6 DA's each x 45K = 3.78M

-Project Director FY05-06 to oversee AFMS effort of optimization and provide oversight to senior leaders

-Equip dental care teams with proper diagnostic instruments at point of service 300K x 14 bases = 4.2M

-Training DCO and expanded function dental assistant (EFDA) concepts 15K x 14

POC: LtCol King AF/SGOD

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Summary: Med Modernization MBI

- SG directed Corporate Structure to…
  - Ramp up SGR Modernization Program to $120M in FY06
  - If things break in doing this, then outline what breaks
- POM must include correct appropriations
  - 2E (RDT&E; “Program 6”)
  - 2F (OP - Acquisition)
  - 2X (OM - Acquisition)

AREA:
AFMS Other Procurement MBI

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Other Procurement (OP) MBI $50.4M

- $50.4M shortfall over PY04-11 exists in AFMS OP Account
  - Disconnect identified by AFMS OP Program Review Working Group (SGR and SGS)
  - Will address all programs as one issue for now
- Does not include any new programs requiring OP
  - The next 'Telephony'?
  - Transition of RDT&E programs

AFMS FY04-FY11 Summary OP Requirements & Funding Profile

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Program	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11	BY 04-05	PY 04-11
CITS MITT/Last Mile	5,500.0	9,900.0	9,900.0	9,900.0					15,400.0	35,200.0
MSIM (Repl/Upgrade)	16,000.0	18,586.8	27,977.0	21,156.0	19,264.0	17,162.0	22,552.4	26,917.6	34,586.8	169,615.8
MSIM (Initial Outfitting)	-	1,650.0	918.0	936.0	954.0	972.0	986.6	1,001.4	1,650.0	7,418.0
Telephony	4,930.0	6,740.0	3,431.0	6,820.0	3,890.0	4,100.0	5,060.0	4,980.0	11,670.0	39,951.0
AFMS PACS/TR	14,500.0	8,500.0	9,500.0	8,000.0	8,000.0	8,000.0	8,000.0	8,000.0	23,000.0	72,500.0
Med/Dent (Repl/Upgrade)	59,600.0	12,100.0	18,100.0	9,100.0	13,200.0	38,600.0	20,200.0	8,900.0	71,700.0	179,800.0
Med/Dent Initial Outfitting	-	6,162.0	3,412.0	3,480.0	3,605.0	3,735.0	3,791.0	3,848.0	6,162.0	28,033.0
Pharmacy Automation	2,200.0	3,000.0	3,000.0	3,000.0	3,000.0	3,000.0	3,000.0	3,000.0	5,200.0	23,200.0
Total	**102,730.0**	**66,638.8**	**76,238.0**	**62,392.0**	**51,913.0**	**75,569.0**	**63,590.0**	**56,647.0**	**169,368.8**	**555,717.8**

Budget/Controls	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11	BY 04-05	PY 04-11
CITS MITT/Last Mile	5,500.0	-	-	-	-	-	-	-	5,500.0	5,500.0
MSIM (Repl/Upgrade)	13,200.0	13,200.0	16,764.0	17,033.0	13,993.9	14,259.0	14,472.9	14,690.0	26,400.0	117,612.8
MSIM (Initial Outfitting)	-	1,650.0	918.0	936.0	954.0	972.0	986.6	1,001.4	1,650.0	7,418.0
Telephony	1,143.0	-	-	-	-	-	-	-	1,143.0	1,143.0
AFMS PACS/TR	7,000.0	10,400.0	11,200.0	-	-	-	-	-	17,400.0	28,600.0
Med/Dent (Repl/Upgrade)	17,385.0	26,494.0	48,680.0	49,696.8	51,196.2	39,849.1	40,446.9	41,053.6	43,879.0	314,801.5
Med/Dent Initial Outfitting	-	6,162.0	3,412.0	3,480.0	3,605.0	3,735.0	3,791.0	3,848.0	6,162.0	28,033.0
Pharmacy Automation	2,200.0	-	-	-	-	-	-	-	2,200.0	2,200.0
Total	**46,428.0**	**57,906.0**	**80,974.0**	**71,145.8**	**69,749.1**	**58,815.1**	**59,697.3**	**60,592.9**	**104,334.0**	**505,308.2**

	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11	BY 04-05	PY 04-11
Surplus/(Disconnect)	(56,302.0)	(8,732.8)	4,736.0	8,753.8	17,836.1	(16,753.9)	(3,892.7)	3,945.9	(65,034.8)	(50,409.6)

AFMS Other Procurement (OP) Programs Disconnect

BACKGROUND:

AFMS OP Programs funding level to sustain existing programs is inadequate. Major programs affected: CITS MITT/LM, MSIM (Replacement/Upgrade), MSIM (Initial Outfitting), Telephony, AFMS PACS, Med/Dental Equip: Radiology, Surgery, Pharmacy Automation, Lab, Monitoring (Replace/Upgrade and Initial Outfitting)

ADJUSTMENT:

Funds will restore shortage caused by changes to threshold as directed by Public Law 107-248 and PBD 041, TMA 5% cut, as well as due to continuous under-funding of these programs in prior years.

$M 04A1P101AY	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY1
CURRENT PRG	46.43	57.91	80.97	71.15	69.75	58.82	59.70	60.60
ADJUSTMENT	56.30	8.73	(4.74)	(8.75)	(17.84)	16.75	3.89	(3.95)
REV PGM								
TOTAL	102.73	66.64	76.24	62.39	51.91	75.57	63.59	56.65

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11

MPWR OF EN LIV	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11

IMPACTS:

- CITS: Medical LAN backdoors will not be closed; CHCS II long haul network circuits/VPNS not supported by AF; dedicated medical network electronics will not be installed; consolidation under “One AF – One Network” delayed
-MSIM: Provides basic utility infrastructure for mission critical AISs and network-centric medical equipment
- Must sustain cable infrastructure refresh cycle (10 years) & electronics refresh cycle (4 years)
- Cannot support the procurement of electronics for the MILCONs for affecting “Beneficial Occupancy Date”
- TELMOD: Impaired access to the Direct Care system; risk loss of enrollees to network, increased PSC costs